

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/772622
FILING DATE

APPLICANT(S)

8125704

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		/		
2		/		
3		/		
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TOTAL IND.		3		
TOTAL DEP.		18		
TOTAL CLAIMS		21		

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IND.	DEP.	IND.	DEP.	IND.
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TOTAL DEP.				
TOTAL CLAIMS				